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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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|   |  |                           |                        |                       |                            |
|---|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>2 | TOTAL<br>CLAIMS<br>15 | INDEPENDENT<br>CLAIMS<br>1 |
| Verified and<br>Acknowledged                                | Examiner's Signature <i>R. Bame</i><br>Initials <i>R-B</i>   |                           |                        |                       |                            |

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## TITLE

Automatically switched hearing aid communications earpiece

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|------------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>1070 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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